

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046689

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 139

Primary Registration District No.

Registrar's No. 63

FILED DEC 18 1962

1. PLACE OF DEATH

a. COUNTY

Holt

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lincoln Township

Length of stay in lb

24 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

4 miles N & 1 mile W.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Holt

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Near Craig

d. STREET ADDRESS

(If outside, give location)

4 miles N. & 1 mile W. Craig

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Walter

Middle

Whetsel

Last

4. DATE OF DEATH

Month

Day

Year

December 7, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/18/1882 80

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

On farm

11. BIRTHPLACE (City and state or country)

Johnson City, Tenn. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Samuel Whetsel

13b. MOTHER'S MAIDEN NAME

Hannah Moulton

14. NAME OF HUSBAND OR WIFE

Glennie Whetsel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Walter Whetsel Craig, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Accident

INTERVAL BETWEEN ONSET AND DEATH

2 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Arteriosclerosis

years

DUE TO (c)

Generalized Arteriosclerosis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 9, 1959 to Dec 7, 1962 and last saw him alive on Dec 7, 1962

Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Near Craig, Mo.

22c. DATE SIGNED

12/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F.

23d. LOCATION (City, town, or county)

Craig, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wilber L. Schooler Craig, Mo.

25. DATE RECD. BY LOCAL REG.

12-12-1962

26. REGISTRAR'S SIGNATURE

James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

0440

20440

3

4 0

5 1

6

7 1

8 2

9 331X

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Myself, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilbur L. Schober

Licensed Embalmer No. 3997

P. O. Address Craig, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.